

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) People for Pinellas		FEC IDENTIFICATION NUMBER ▼ C C00582239	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M / D D / Y Y Y Y Y Y</table>	

Full Name of Payee David Johnson Groupm LLC		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10 / 30 / 2016</table>	
Mailing Address 200 W. College Avenue Suite 301		Amount <table border="1" style="display:inline-table; margin:0 5px;">1735.00</table>	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : SE.4332
Purpose of Expenditure aerial advertising		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M / D D / Y Y Y Y Y Y</table>
Name of Federal Candidate Crist, Charlie Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Election Connections, Inc.		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10 / 31 / 2016</table>	
Mailing Address P. O. Box 10866		Amount <table border="1" style="display:inline-table; margin:0 5px;">859.10</table>	
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4341
Purpose of Expenditure telephone calls		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M / D D / Y Y Y Y Y Y</table>
Name of Federal Candidate Crist, Charlie Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">2594.10</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Michael, I., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Signature